

RECEIVED**FEBRUARY 25, 2008**MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURTUNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISIONJAN 02 2008 *delv*MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURTRonald D. Granger(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

Graham C.C. H.C.U. M.D.Shaneville C.C. H.C.U. M.D.Dr. P. Ghosh H.M.D. McFadden**08CV0039
JUDGE DOW
MAG. JUDGE BROWN**

Case No.

(To be supplied by the Clerk of this Court)(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")**CHECK ONE ONLY:** COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983 U.S. Code (state, county, or municipal defendants) COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION),
TITLE 28 SECTION 1331(a) U.S. Code (federal defendants) OTHER (cite statute, if known)**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

I. Plaintiff(s):

A. Name: Ronald D. Granger

B. List all aliases: _____

C. Prisoner identification number: B-24617

D. Place of present confinement: Shateville C.C.

E. Address: P.O. Box 112 Toliet JL 60434

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

A. Defendant: GRAHAM C.C. H.C.U. M.D. + Dr.
Title: DR. G. H. H. DR. M.D.
Place of Employment: GRham C.C.

B. Defendant: Shateville C.C. H.C.U. Dr G Hosh + MD McFadden
Title: DR. G. H. H. DR. P. G Hosh An M.D. McFadden
Place of Employment: Shateville C.C.

C. Defendant: _____
Title: _____
Place of Employment: _____

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. Exhaustion of Administrative Remedies

You are required to exhaust all your available administrative remedies before bringing an action in federal court.

A. Is there a grievance procedure available at your institution?

YES NO If there is no grievance procedure, skip to F.

B. Have you filed a grievance concerning the facts in this complaint?

YES NO

C. If your answer is YES:

1. What steps did you take?

Send to Grievance officer

Send to A.R.B. Inmate Issue

2. What was the result?

60 days Timeline

3. If the grievance was not resolved to your satisfaction, did you appeal?

What was the result (if there was no procedure for appeal, so state.)

I WAS IN St John Hospital IN Springfield
Under Heavy Medication / 60 days Timeline

D. If your answer is NO, explain why not:

I WAS IN St John

Hospital Under I.D.O.C. By Graham C.C.

Under Heavy Medication / 60 days Timeline

E. Is the grievance procedure now completed? YES NO

F. If there is no grievance procedure in the institution, did you complain to authorities? YES NO

G. If your answer is YES:

1. What steps did you take?

2. What was the result?

H. If your answer is NO, explain why not:

IV. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court (including the Central and Southern Districts of Illinois):

A. Name of case and docket number: Court of Claims Personal Injuries
Case Number 08CC0170 Springfield Ill

B. Approximate date of filing lawsuit: July 29, 2007

C. List all plaintiffs (if you had co-plaintiffs), including any aliases: Ronald D. Granger

D. List all defendants: I DOC H.C.U. M.D. McFadden
DR GHOSH STATEVZ/IG C.C.

E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): Court of Claims Springfield Ill 62756

F. Name of judge to whom case was assigned: Robert Sprague Chief Justice
N. JANN, P. BIRNBAUM, R. Steffen, D. Shoring, J. Kaplan, D. Rose

G. Basic claim made: _____

H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): Still Pending, Assigned to Commissioner
NEAL, DAVID 116 N. Chicago St. Ste 602 Joliet IL 60432

H. Approximate date of disposition: _____

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

V. Statement of Claim:

State here as briefly as possible the facts of your case. Describe precisely how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

In Aug of 2006 I Was Sent to
St John Hospital By Graham C.C. H.C.U.
Doctor & M.D. I Stay In St John Hospital
for A Month & 1/2 On Return to Graham C.C H.C.U.
I Was Put On Dialysis By Graham C.C. H.C.U.
In Sep 2006 I Was Transfer to Shreveport
C.C. On 7-7-07 I Was Told By
Shreveport H.C.U. M.D. McFadden An Dr
Ghosh that A Error Was Made On Me
By Graham C.C. H.C.U. Dr. An M.D. I Was
Misdiagnosis By Graham C.C. H.C.U. for
Bad Kidney. On 7-7-07 I Was Taking
Off Dialysis By Shreveport C.C. H.C.U.
M.D. McFadden An Dr. P. Ghosh. They Said I
Never Needed Dialysis. Now I HAVE A
Bad Liver from the Dialysis treatment I
Sit & Have Hole In My Arm. Hole In My Chest
From the Dialysis treatment I Am A
Disability Inmate Now.

In Aug 2006 #2 Disciplinary Report Was Wrote On Me. I Didn't Have Know Knowledge of the #2 Disciplinary Ticket. I WAS IN St. Jhon Hospital Chained to the Bed Under Heavy Medication In St. Jhon Hospital In Springfield ILL By Gedham C.C H.C.U.. If I Knew I Had #2 Disciplinary Report Wrote On Me I Could file Me GRIEVANCE In Timeframe. I Lost #1 year 6 month I Lost My S.M. & An Smet Good Time. I Was Put In C Grade. I Was Put In Segregation. I Didn't Have A HEARING On the #2 Ticket they Give A Maximum Transfer to Stateville C.C.

That Why I Didn't file In Timeframe
60 days

VI. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I am Asking to Be Release so I Can
Receive Proper Medical Attention My Family
Have 100 percent Medical Coverage on Me

Or 500,000 dollars from Personal Injuries
And Pain An Suffering.

I declare under penalty of perjury that all facts given in the complaint are true and correct.

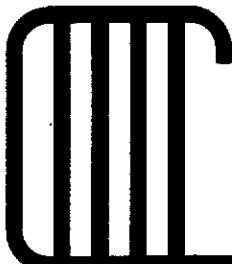
Signed this 24 day of Dec, 2007

Donald D. Manger
(Signature of plaintiff or plaintiffs)

B-24617
(I.D. Number)

Stateville C. C. P.O. Box 112
Joliet IL 60434

(Address)



Illinois
Department of
Corrections

Stateville Correctional Center / Rt. 53 / P.O. Box 112 / Joliet, IL 60434 / Telephone: (815) 727-3607 / TDD: (800) 526-0844

Rod R. Blagojevich
Governor

Roger E. Walker, Jr.
Director

MEMORANDUM

DATE: 7-18-07

TO: Granger B24617

FROM: T. Garcia, Corr. Couns. II
Grievance Office

SUBJECT: **ATTACHED GRIEVANCE -**

The attached grievance is being returned for the following reason:

It needs to be rewritten and submitted to your counselor on the attached Committed Person's Grievance Report.

It was not filed within 60 days of discovery of the incident, occurrence, or problem which gives rise to the grievance as required in DR 504F, Grievance Procedures for Committed Persons.

Issue needs to be discussed with your counselor for possible resolution.

No issue outlined in grievance.

It appears that no attempt has been made to resolve the issue as required by DR 504F.

Issue is currently being reviewed by _____

Issue previously addressed. No justification for further action.

Other: _____ Forward to Administrative Review Board

cc: file

Date: <u>7/14/07</u>	Committed Person (Please Print): <u>RONALD D. GRANGER</u>	ID# <u>B-24617</u>	
Present Facility: <u>Shakeville C.C.</u>	Facility where grievance issue occurred: <u>Shakeville C.C.</u>		
NATURE OF GRIEVANCE:			
<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> Disability
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input type="checkbox"/> Medical Treatment	<input type="checkbox"/> Other <u>see</u> _____
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator		
<input type="checkbox"/> Disciplinary Report: <u>/ /</u>	Date of Report	Facility where issued	
Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification			
Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to: Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.			
<p>Brief Summary of Grievance: <u>BACK IN GRAHAM C.C. IN AUGUST 06 I WAS</u> <u>DIAGNOSED AND KEPTLY AWAS PUT ON DIALYSIS. ON 7-7-07</u> <u>INFORM BY M.D. McFADDEEN THAT A ERROR BEEN MADE ON</u> <u>ME AWAS IN STATEVILLE C.C. BY MISDIAGNOSES LAB WORK</u> <u>ALSO M.D. McFADDEEN INFORM ME GRAHAM C.C. H.C.U.</u> <u>MISDIAGNOSES ME. DISCONTINUED I NEVER NEEDED</u> <u>DIALYSIS. ON 7-7-07 I WAS TAKING ON DIALYSIS BY</u> <u>M.D. McFADDEEN. I AM CONSULT ATTORNEY FOR MEDICAL</u> <u>MALPRACTICE AW MISDIAGNOSES LAB WORK AW SURGER ON MY</u> <u>ARM AW CHASH</u> <u>I AM ASKING FOR 1 MILLION DOLLARS. OR M.S.R.</u> <u>ME.</u></p>			
<input type="checkbox"/> Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self. <u>RONALD D. GRANGER</u> <u>B-24617</u> <u>7/14/07</u> <small>Committed Person's Signature</small> <small>ID#</small> <small>Date</small> <small>(Continue on reverse side if necessary)</small>			

Counselor's Response (if applicable)		
Date Received: <u>7/18/07</u>	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response:		
Prim Counselor's Name	Counselor's Signature	Date of Response

EMERGENCY REVIEW		
Date Received: <u>7/18/07</u>	Is this determined to be of an emergency nature?	
<input type="checkbox"/> Yes; expedite emergency grievance		<input type="checkbox"/> No; an emergency is not substantiated. Committed person should submit this grievance in the normal manner.
<u>W. Mc Graw</u>		<u>7/18/07</u>
Chief Administrative Officer's Signature		Date

ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board
Return of Grievance or Correspondence

Offender:

Granger

Last Name

Ronald

First Name

MI

ID#

B24617

Facility:

Stateville

Received:

11, 9, 07

Date

Regarding:

 Grievance (Local Grievance # (if applicable): 10-1-07 or Correspondence

Dialysis

The attached grievance or correspondence is being returned for the following reasons:

Additional information required:

Use the Committed Person's Grievance Report, DOC 0047 (formerly DC 5657), including the Grievance Officer's and Chief Administrative Officer's response, to appeal.

Provide a copy of the Committed Person's Grievance, DOC 0046 (formerly DC 5657) including the counselor's response if applicable.

Provide date(s) of disciplinary report(s) and facility where incident(s) occurred.

Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to: Administrative Review Board
Office of Inmate Issues
1301 Concordia Court
Springfield, IL 62794-9277

Misdirected:

Contact your correctional counselor regarding this issue.

Request restoration of Good Conduct Credits (GCC) to Adjustment Committee. If request is denied, utilize the inmate grievance process outlined in Department Rule 504 for further consideration.

Contact the Record Office with your request or to provide additional information.

Personal property issues are to be reviewed at your current facility prior to review by the Administrative Review Board.

Address concerns to: Illinois Prisoner Review Board
319 E. Madison St., Suite A
Springfield, IL 62706

No further redress:

Award of Meritorious Good Time (MGT) and Statutory Meritorious Good Time (SMGT) are administrative decisions; therefore, this issue will not be addressed further.

Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.

This office previously addressed this issue on 1/1 Date

No justification provided for additional consideration.

Required

Other (specify):

The above is denied. But your grievance also fails to cite specifics, such as dates, when incidents occurred, where etc

Sherry Benton 11,13,07

Completed by:

Print Name

Signature

Date

Date: <u>10-1-07</u>	Offender: (Please Print) <u>Ronald GRANGER</u>	ID#: <u>B-24617</u>
Present Facility: <u>Stateville C.C.</u>	Facility where grievance issue occurred: <u>Stateville C.C.</u>	

NATURE OF GRIEVANCE:

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input checked="" type="checkbox"/> Disability
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator		<input type="checkbox"/> Other (specify): <u>Dialysis</u>
<input type="checkbox"/> Disciplinary Report: <u>1 1</u>		Date of Report	Facility where issued

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.

Chief Administrative Officer, only if EMERGENCY grievance.

Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Brief Summary of Grievance: I Ronald Granger WAS MISDIAGNOSED
By Medical Staff Here In Stateville C.C. the
H.C.U. Made An Error On Me. It ~~Cost~~ Cost A
Disability In My Arm And Liver And Kidney. I
Was Treated By The H.C.U. An M.D. McFadden
Then I Never Needed Dialysis. The H.C.U.
Missed Diagnosis Lab Work. Now I HAVE A LIVER
Problem From The Error That H.C.U. Made On Me.

Relief Requested: I am Asking for \$20,000. dollars or A
Interview With The A.R.B.

Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Ronald Granger
 Offender's Signature

B-24617 10-1-07
 ID# Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)

Date

Received: 10-16-07

Send directly to Grievance Officer

Outside jurisdiction of this facility. Send to
Administrative Review Board, P.O. Box 19277,
Springfield, IL 62794-9277

Response:

Send to Health care unit to answer

E. Butkiewicz

Print Counselor's Name

EAT

Counselor's Signature

10-23-07

Date of Response

EMERGENCY REVIEW

Date

Received: 1 1

Is this determined to be of an emergency nature?

<input type="checkbox"/> Yes; expedite emergency grievance
<input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in a normal manner.

RECEIVED

NOV - 9 2007

Chief Administrative Officer's Signature

1 1

Date

OFFICE OF
PRIVATE ISSUES
Distributed by the State of Illinois